DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

45th 9/13/14

PRINTED: 07/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	445358	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEBRIDGE HEALTH CARE CENTER	115 WOODLAWN DRIVE JOHNSON CITY, TN 37604

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide exit signs to indicate the direction of egress. (NFPA 101, 19.2.10.1) Findings include: Observation and interview on July 28, 2014 at 9:00 a.m. confirmed the facility failed to provide illuminated exit signs that were visible from the corridor when looking at Stations 1 and Station 2 nurses stations indicating the direction of egress. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 28, 2014.	K 047	K 047 Lakebridge Health Care Center believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Area Illuminated Exit signs will be installed by the Maintenance Director on 8/11/14 to be visible from the corridor when looking at Station 1 and Station 2, indicating the direction of egress. Identification of Other Areas with Potential to be Affected The Maintenance Director inspected corridors on 8/1/14 to ensure that direction of egress is visible from other areas. Systematic Changes Measures to assure compliance include monthly Performance Improvement audits by the Administrator and Maintenance Director to ensure that direction of egress is visible. Monitoring Results of these audits will be reported monthly by the Maintenance Director to the Performance Improvement Committee for review and recommendations. The Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing, Dietary Manager,	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the facility failed to have the 10-year dry sprinkler testing/replacement performed in accordance with NFPA 25, Table 5.1. The facility	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Administrator 8/18/2014

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	445368	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/28/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKEBRIDGE HEALTH CARE CENTER	115 WOODLAWN DRIVE JOHNSON CITY, TN 37604

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K 062	Continued From page 1 was constructed in 1995. The findings include: Record review and interview with the maintenance director on July 28, 2014 at 2:45 p.m confirmed no 10-year dry sprinkler testing/replacement was performed. The maintenance director stated he was not aware of this requirement. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on July 28, 2014.	K 062	Consultant Pharmacist, MDS and Assessment Nurse, Housekeeping Supervisor, Maintenance Director and Social Services Director. The Committee's recommendations will be followed up by the Administrator and Maintenance Director. **K 062** Lakebridge Health Care Center believes its current practices were in compliance with the applicable standard of care, but in order to respond to this citation from the surveyors, the facility is taking the following additional actions: Corrective Actions for Targeted Area Premier Fire Protection, Inc. was notified on 7/31/14 to conduct dry sprinkler testing/replacement in accordance with NFPA 25 Table 5.1. Inspection has been completed and determined that it would be best to replace all the dry pendants that are over ten years old. A technician will measure these dry pendants and 61 sprinklers will be replaced, with completion by 9/12/14. Identification of Other Areas with Potential to be Affected The Maintenance Director completed the inspection with Premier Fire Protection technician on 8/5/14 and determined that all the dry sprinkler pendants were either less than ten years old or would be replaced if over ten years old.	8/15/14

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